



STATE OF UTAH - DEPARTMENT OF ADMINISTRATIVE SERVICES

## Division of Facilities Construction and Management

DFCM

### Agency Roof Maintenance & Leak Repair Request Form

Please have the following information ready when requesting roof maintenance or leak services:

Building Risk ID #: \_\_\_\_\_

Building Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name & Phone # of person reporting the leak: \_\_\_\_\_

Site Contact Name & Phone # if different: \_\_\_\_\_

Date the leak was noticed: \_\_\_\_\_

Location inside the building where leak was noticed: \_\_\_\_\_

Is this a new leak? \_\_\_\_\_

If a repeating leak please provide the name of the contractor who performed previous repair: \_\_\_\_\_

Has your maintenance staff investigated the leak? If so, what are the findings? \_\_\_\_\_

Age of the roofing system: \_\_\_\_\_

Type of the roofing system: \_\_\_\_\_

Is the roof under warranty: \_\_\_\_\_

Roof Manufacturer: \_\_\_\_\_

Roof Manufacturer Warranty #: \_\_\_\_\_

Roofing Contractor Who Installed Said Roof: \_\_\_\_\_

How severe is the reported leak? \_\_\_\_\_

Please describe above the amount of water entering the building.

Additional Information that maybe of use: \_\_\_\_\_

Please Note: It is the reporting Agencies responsibility to research & provide as much accurate information regarding the existing roofing system as possible. This information will be used to assist in selecting the appropriate manufacturer certified Contractor. Unauthorized repair work can / will void a manufacturer's roof warranty. Please assist us in protecting your building and roof by providing as much detail as possible.